

THE
HOMOEOPATHIC TIMES.
A MONTHLY JOURNAL
Of Medicine, Surgery, and the Collateral Sciences.

Vol. III.

NEW YORK, JANUARY, 1876.

No. 10.

Original Articles.

VACCINATION.

(Continued.)

BY J. M. SCHLEY, M. D.

I COME now to consider the dangers of vaccination from the introduction of other diseases into the organism. I am aware of the vital importance of proving how rarely the inoculation of another disease is produced in the system, by means of the vaccine virus. Three-fourths of those who oppose vaccination, are of the opinion that syphilis, scrofula and cutaneous diseases are thereby inoculated. Some say that scrofula has increased *only* since the introduction of vaccination, and when they do not thoroughly investigate the cause of its existence, they too readily conclude that it has its origin in the latter. Others assert that syphilis has frequently been transferred from one person to another on the end of the lancet—cases multiply in their imaginary vision—they may even suppose they have themselves received some slight taint, when they were vaccinated,—forgetting that syphilis may be acquired in a different way, and that it is also hereditary. Has scrofula become more frequent in the last half century? From what I have seen and read I should reply in the affirmative,—but vaccination is not the cause of its increase. We must look elsewhere for the hidden cause of these troubles.

When I see a physician proclaiming, in a loud and would-be authoritative voice, to parents and guardians, the danger of vaccination as a medium for the inoculation of syphilis and other diseases, I feel as if he ought to be cornered and closely questioned, and his arguments reduced to stern facts of personal experience or evidence from

reliable authorities. Thus, Dr. Hamerjnk, in summing up the uselessness of vaccination, speaks of the epidemic of 1828 in Marseilles, where, according to him, the vaccinated and unvaccinated were attacked alike. Dr. Bousquet investigated the matter thoroughly, and found the absurdity of his assertion; for, in the Lycée, or government school, where all the scholars but one had been vaccinated, only the latter took it and died. The rest remained intact.

It is oftentimes as impossible in medicine as it is in the other arts and sciences, to discover the forces and causes which produce sudden results and changes.

Thus, should a physician vaccinate a child to-day, and in seven or eight days should an eczema break out upon its face or head, the ignorant and the intelligent man alike would point to the vaccination as its origin. It might be some latent dyscrasia, which has received an impetus from the vaccine virus. Let us content ourselves with this feeble explanation, for we can do no better. If, on close and minute inquiry, we can find nothing to give us a clue to this new phenomenon, we must take it for granted that it was in the child's constitution; we cannot, with unerring certainty, give its cause. What right has a physician to say in such a case that vaccination caused this eczema? Can he prove it? Mr. Havens, in writing on vaccination, gives the following interesting case: "On February 15, 1845, I was requested to vaccinate the child of the housekeeper at No. 6 Carlton Gardens. Not having any vaccine matter by me, I put off the vaccination to the following Monday. On calling that day I declined to vaccinate, because I found the upper part of the child's arms and chest covered with eczema. Pneumonia came on, and the child died on the following Thursday. I considered this a lucky escape, for, had I vaccina-

ted the child, *nothing* would have convinced the friends that it had not died of disease produced by vaccination." I do not hesitate to say that the cause of the eczema, and perhaps of the pneumonia, would have been assigned to the vaccine virus, which would have had *nothing* to do with the matter. Until this point is better understood by physicians, we ought not to be continually jumping at conclusions which are unreasonable and without foundation.

Some anti-vaccinators assert that scrofula and tuberculous consumption follow the introduction of this virus into the system. What do we know *positively* of the aetiology of scrofula and tuberculous diseases that they should be regarded in any way as resulting from the practice of vaccination? Is scrofula transferred from one person to another so easily? Surely this must be something so new, that it has not been yet heralded to the world. Nay, the most frequent cause of scrofula can be more easily found, than by advancing theories which cannot be proved! Statistics in England show the scrofulous and pulmonary death-rate seven per cent. less at this time than in the middle of last century.* I need only say further, that Dr. Quain found as the result of a special inquiry, in respect of phthisis, that thirty per cent. of the patients in a public hospital, suffering from that disease, showed no marks of vaccination whatever. It is a difficult thing to discover where scrofula ends and where phthisis begins. We all know that scrofulous subjects are predisposed to consumption; but a consumptive may linger for years, and no scrofulous symptoms or swollen gland be apparent.

As widely as these two diseases seem to differ, yet so closely are they allied to each other, that to cure the one will be to remove the other.

Glandular swellings, eczema and scrofulous ophthalmia, appear just the same in unvaccinated children as in vaccinated ones, and were observed as often in the days when vaccination was unknown as they are now; and they originated then from just the same causes as they do to-day.

Mr. Paget† says: "When eczema, impetigo, etc., occur, as, in any sense a consequence of vaccination, the explanation is to be found in the fact that vaccination produces a certain amount of feverishness, and is followed by a few days' loss of strength, conditions which, though they are

quite insignificant in moderately healthy children, are favorable to the evolution of any constitutional or blood disease to which a sickly child may be liable. In children and adults alike, it is certain that a tendency to the external manifestation of eczema, and the other diseases above named, may exist for many weeks or months, and yet not take place till some accident disturbs the health and weakens, as one may say, the power of retention or repression of the morbid tendency of the blood. There is, indeed, scarcely a blood-disease of which the evolution may not be thus determined or hastened by an accidental injury, or by a casual loss of health. When, therefore, eczema, or any such disease, appears after vaccination, so that the one may, with any reason, be regarded as the consequence of the other, vaccination may be considered to have done no more than any accidental injury would have done." The belief has become deeply rooted in some minds that, because these maladies sometimes succeed the vaccine disease, they are produced solely and directly by it. Hereditary scrofula occurs more frequently than any other; yet, when a child has been born of strong healthy parents, if it is not properly fed, not permitted to inhale pure fresh air, and when the condition of its skin is not carefully attended to, should we wonder at the consequences? It is a noted fact that persons predisposed to consumption fall an easy prey to the disease, if they expose themselves to any exciting cause, which could in any way act upon their constitutions; like powder, the match only need be applied and the work is done. I cannot believe that scrofula was as common a thing three hundred years ago as it is now; then, more care was taken of man's physique; out-door exercises were more sought, and all the debilitating causes of to-day, which work so powerfully upon the system, did not exist to undermine the health. Within my own knowledge, I have seen syphilis spread in ten and fifteen years, in a small town, to a fearful degree. In 1860, it was comparatively a rare thing to meet an Hunterian chancre; but railroads and steamboats, which bring a certain amount of floating population, have also brought diseases, which leave behind them traces which the most skillful physicians' learning cannot always cover.

The halls of fashion, the gambling hell, and the haunts of vice, all claim their victims; and

* Dr. Greenhow, Papers, etc., p. 27.

† Papers, etc., p. 139.

can the offspring of such licentiates bear the stamp of perfect health upon them? Dress, the mode of living, and furnaces—which breathe forth so much poison every hour—do they not all, with one accord, assist in weakening the system? If a woman becomes a confirmed dyspeptic, or her lungs are weakened, or some womb trouble commences, she may never be a mother; but if she is unfortunate enough to bear a child in her enfeebled condition, her offspring must from its entrance into the world, become a source of anxiety and despair. Parents of such children are only too willing to throw blame upon the doctor and what he has done, should any scrofulous taint make its appearance. Have we not all found this so more or less? Among the poor, syphilis, poverty and neglect are the frequent causes of scrofula.

Its appearance may take on a hundred different forms, and to know it in all these shapes is the duty and calling of the physician.

Our last point now to consider is, the inoculation of syphilis with vaccine virus. I admit that syphilis has been so inoculated. One case came under my father's care, where a child had been vaccinated by an allopathic physician, and the poor little sufferer, through the carelessness of the vaccinator, was rendered an invalid for life. When care is taken to secure vaccine-virus as pure as possible, when the instruments themselves have not been used for any foul operation, and the physician himself does not become the inoculator—when these three things are strictly attended to, then no new disease will ever be found to ensue. Imagine for a moment that, in some individual on whom the vaccine disease has been inoculated, syphilis should appear subsequently, either in its primary or in some one of its secondary forms, no one, I presume, would at once infer that the same lancet, which, charged with lymph from a vaccine vesicle, used for introducing that virus, had *necessarily* been the medium of inserting at the same time the syphilitic virus. Secondary syphilis showing itself upon a vaccinated child does in no way prove that a morbid virus besides the vaccine was introduced, for we know how frequently syphilis may lie dormant in the system, until some new provocation arises and brings it to light again. Ricord relates a case where syphilis was latent in the system for thirty years. When syphilis is inoculated from one person to another, or has been

the result of infection, what is the first thing we observe at the point of introduction of the virus? A chancre—and unless we see this we are not justified in saying that the child was made syphilitic; but if any secondary eruption comes out later, the child was diseased before the lancet was applied. The mucous patch of secondary lesions approaches nearest to the character of the primary disease; and in France, where children are so often sent into the country to be nursed and taken care of, nurses, become infected from patches on the mouth of the infant, have infected a whole village. Upon their breasts we do not find a papule, but a chancre.

As an illustration of what has just been said, I will cite a very convincing example. Professor Pelpizzari, in 1860, inoculated two students of medicine with the blood of a patient affected with constitutional syphilis. The results of these experiments were negative. On the 6th of February, 1862, he again inoculated Drs. Bargioni, Rosi and Passagli, with the blood of a patient named A. T., aged 25, afflicted with constitutional syphilis, and who had not as yet been subjected to any specific treatment. The blood, in this case, was drawn with a new lancet, from the cephalic vein. The patient was suffering from numerous confluent mucous papules on the left labium, towards the inferior commissure, corresponding to the point at which the primary lesion had appeared.

There was in this situation a mucous tubercle developed upon the indurated cicatrix of a primary sore; or the indurated primary sore had become transformed into a mucous tubercle. Mucous tubercles surrounded the anus. The inguinal glands were indurated and enlarged. A confluent syphilitic eruption existed upon the body, and there was enlargement of the posterior cervical glands; there were also pustules upon the head. The blood was taken from the patient's arm, at a part where there was no sign whatever of any eruption. The arm of the patient was washed, and the surgeon washed his own hands. The bandage and the vessel destined to receive the blood were new. As the blood was flowing from the cephalic vein some of it was received on lint, and this was placed on the upper part of Bargioni's left arm, where the epidermis had previously been removed, and three transverse incisions made. This point corresponded with the insertion of the deltoid muscle. The same opera-

tion was performed on Drs. Rosi and Tassagli; but in the case of Dr. Rosi, the blood was already cold when it was applied, and in the case of Dr. Tassagli, the blood had coagulated. After the lapse of twenty-four hours, upon removing the dressing, nothing was observed at the seat of the inoculation in Dr. Bargioni's arm, except a slight crust formed by the effused blood at the seat of puncture. At the same time the dressing was removed from the arms of the other two physicians, and nothing was seen worthy of observation. Four days afterwards, every trace of the different inoculations had disappeared. On the morning of the 3d of March, Dr. Bargioni announced to Prof. Pelpizzari, that in the centre of the inoculated surface he had noticed a trifling elevation, which produced a little itching. Prof. Pelpizzari examined the arm, and found at the point indicated, a small papule of a roundish form, and of a dull red color. There was then no induration at the base of the papule, nor any enlargement of the corresponding axillary glands. To prevent its being rubbed, it was covered with some dry charpie and diachylon. Prof. Pelpizzari examined it daily. On the eighth day, the papule had augmented to the size of a twenty centime piece (American half dime). On the eleventh day it was covered with a very thin adherent scale, resembling silver paper, which, upon two succeeding days, became denser and less adherent, and in its central part commenced to crack. On the fourteenth day, two axillary glands became enlarged to the size of nuts, and were movable and indolent.

The papule remained indolent, but its sensibility was slightly increased. On the nineteenth, pressure upon the crust caused a small amount of sero-purulent matter to exude from beneath its edges, the pressure giving a little pain. The axillary glands had now become larger and harder, but continued indolent. There was no induration apparent at the base of papule. On the twenty-first, the scale was transformed into a real crust, which had commenced to be detached at its edges, and the part beneath was ulcerating. Slight induration now appeared at the base. On the twenty-second, the crust was detached, and a funnel-shaped ulcer presented itself, with elastic and resistent borders, forming an annular induration. These edges were swollen, adherent and obliquely inclined towards the base of the ulcer, which was covered with a very small amount of

secretion. The pain was trifling. Dry charpie only was applied. On the twenty-sixth, the ulcer had extended itself to the size of a fifty centime piece (dime). It secreted more, and the surrounding induration was considerably increased. Up to the 4th of April, this ulcer remained stationary, but at that date its base appeared to be granulating. The corresponding glands remained swollen, hard and indolent. There appeared at this date, trifling nocturnal pain in the head, and the posterior cervical glands became somewhat enlarged.

On April 12th, there appeared on the surface of the body, particularly upon the sides of the chest and in the hypochondriac regions, spots of irregular form and of color, unattended by any inconvenience to the patient. The glandular swellings of the neck were well marked. This eruption extended itself, and became more confluent during the succeeding days. No constitutional disturbance, heat of skin, nor pruritus, accompanied this eruption, which went on increasing for eight days. On the 20th, the cervical glands had enlarged and were harder. The chancre maintained its specific character, and exhibited no tendency to cicatrization.

On the 22d, the color of the eruption was decidedly coppery. Small lenticular papules were now perceived to be mixed with the erythema. The edges of the chancre had begun to granulate.

Cases of inoculated syphilis, where a chancre as above described has formed at the seat of vaccination, are the *only* ones which prove the possibility of syphilis as a consequence.

The preceding case shows beyond a doubt that Dr. Bargioni was suffering from constitutional syphilis, introduced into his system by the blood of an already diseased person.

Finally, and to repeat. My desire is to impress upon all, surgeons and the public in general, that the act of vaccination is important to the safety of the child's life; that it ought to be undertaken deliberately, to be performed seriously, carefully, and in a cleanly manner.

All that relates to the vaccinifer,* his age, his health, the character of his pock, and the cleanliness of his surface, should be considered; all that relates to the operation itself, the instrument employed, the opening of the vesicle, the appearance of the lymph; all that relates to the health

* Person from whom the lymph is taken.

of the person to be vaccinated, and to the protection and management of the nascent vesicles, should be taken into account when the operation of vaccination is contemplated.

If these principles could be instilled into each one and all of us, and to those who vaccinate at hospitals and dispensaries, accidents and evil consequences of all kinds would be very rarely heard of. Those who are prejudiced against the vaccine lymph or scab taken from arm-to-arm, may have resort to the cow-pox, which, though expensive, can be obtained. It has been found more difficult to vaccinate a person from cow-pox, it does not "take" as rapidly as that which has been thoroughly humanized.

Until all individuals are subjected to the operation of vaccination and revaccination, small-pox will continue its ravages here and abroad, and there are *no other means* known to the world to prevent it from proving as fatal as it was last century.

HEREDITY OF MENTAL DISEASE.

BY W. M. BUTLER, M. D.

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ONE of the saddest phases of disease is its heredity. Among the world's sufferers many blanched faces, distorted features and decaying members are living attestations of ancestral sins and indiscretions. Beholding the blear-eyed and bloated libertine, tortured with agony and reeking with the filth which his internal rottenness has engendered, we exclaim, he has sown, let him reap; but when his debaucheries are reflected in the stammering speech, the imperfect features and weakened constitution of his children, our disgust is changed to pity. There we can realize the meaning of holy writ in "visiting the iniquity of the fathers upon the children, unto the third and fourth generation." When we consider the large number who yearly die from phthisis, cancer, syphilis, or some of their numerous allies, the seeds of which have descended through generations of unfortunate victims, it would seem as though this law of transmissibility, alone, was enough to desolate our communities and populate our cemeteries.

That this is one of the most potent causes of mental disease cannot be questioned. Statistics of every age and every country show the same universal law. Although varying in their opin-

ions, as to its importance, still every author upon this subject, from the earliest times to the present, has agreed in ascribing to heredity, a large proportion of the cases which have come under his knowledge. That perfectly accurate statistics cannot be obtained, is evident from the too frequent ignorance of ancestral history, or a desire to conceal the truth when known. A very great difference evidently exists in the prevalence of this cause in different countries, as shown by our most reliable authorities.

The Germans assign by far the largest number to this cause. Dr. E. T. Wilkins, in his most excellent "Report of Insanity and Insane Asylums," says: "Dr. Kœppé, the intelligent Director and Physician-in-Chief of the celebrated asylum at Halle, in Prussian Saxony, informed us that eighty per cent. of those committed to his asylum were from hereditary causes; and that this was in accord with the experience of the superintendents of other asylums in Germany."

Among English and French writers there seems to be a marked difference in experience. Their estimates upon large numbers of cases, gathered in numerous asylums, vary from one-fourth to six-sevenths per cent.

Although as much labor has not been given to the collection of statistics in the United States, yet there is no doubt, that a large proportion of the cases of insanity here are due to inheritance, as the exciting or predisposing cause. In the tabulated reports, for over thirty years, of the New York State Asylum at Utica, of over ten thousand cases, we find over thirty per cent. of the cases due to this cause. Upon this subject, Dr. Brigham, the first superintendent of this asylum, says: "There is nothing in connection with the study of insanity more deserving of attention, than the tendency of this disease to be transmitted to offspring; the fact is most unquestionable, that it has more influence in producing that disease than all other causes combined." Dr. Gray, at present and for many years, superintendent of the same institution, adheres to the same opinion. He says: "In reality, there is little doubt, that inherited disease is much the most powerful agent in the production of insanity that can be assigned. This transmission is traceable in one-third of all the cases admitted, and in still other cases the type and character of the mental disease are such as to impress the conviction that it is inherited."

Although the per cent. assigned by some American writers is much lower, we find that in most cases they have regarded heredity as a predisposing cause, in their reports mentioning only proximate causes. The testimony of such authorities as Drs. Brigham and Gray, founded upon so many cases, can be relied upon as a fair statement of the general heredity of insanity in the United States.

The peculiar tenacity with which any mental unsoundness seems to cling to certain families, is indeed wonderful. We find children, through two and three generations, suffering under the same burden as their fathers, whether subject to any exciting cause or not, their insanity seeming to be merely the brand of the race to which they belong. In almost every work upon insanity we find cited many remarkable cases of this kind. The following are taken from the Case Book of the State Hom. Asylum for the Insane:

Mr. H. H., for past four years insane, alternating between melancholia and mania; mother died in an asylum; only brother committed suicide.

Mrs. Susan S., melancholia. Nearly a year before her admission, attempted to commit suicide by cutting her throat. One brother, one maternal aunt, and two maternal great-uncles, insane.

Mr. J. B., melancholia. Mother suffered from mania; died insane; maternal aunt insane; father and sister committed suicide.

Mrs. E. H., mania. Father, brother, sister, uncle, and cousin, insane.

Charles B., epileptic. Mother, grand-father, great-grand-father, maternal uncle, and several cousins, insane.

Charles B., deaf mute, melancholia. Mother and her sister now inmates of the asylum; two other maternal aunts have been insane; two sisters and one brother deaf mutes; cousin on father's side, deaf mute.

The cases cited are fair samples of hundreds, which could easily be collected, in whom the insane neurosis, transmitted through a smaller or greater number of ancestors, has in them reached its culmination.

The effect of this unfortunate inheritance falls not upon the insane alone. Hours and days of agony, weeks and months of suffering and embarrassment, years of real and imagined ills, reveal its influence in the sufferers from neuralgia, chorea and hysteria.

Nor does this taint confine itself to those ordinarily recognized as diseased. Destroying in one his reason; in another of the same family, leaving his senses intact, it blunts and perverts his moral nature, and plunges him into a course of sin and crime. Those who have our criminal classes in charge, and have made their lives and history a study, are becoming more and more convinced that many of their crimes are crimes of inheritance. Descending from epileptic or insane parents, in a large proportion of cases, they bear in their general appearance marks of their criminal proclivities. Maudsley, speaking of this class, says: "Crime is a sort of outlet in which their unsound tendencies are discharged; they would go mad if they were not criminals, and they do not go mad because they are criminals." Wandering over the country a pest to law-abiding citizens, filling our jails, work-houses, and prisons through their lives, they are continually doing penance for their inherited propensities.



NEW REMEDIES FOR DISEASES OF THE EAR, AND NEW USES FOR OLD ONES.

BY HENRY C. HOUGHTON, M. D.

JOSEPHUS mentions a fruit called "*Apples of Sodom*," known by the Arabs as "*Osheo*." It is found in abundance in the vicinity of the Dead Sea. The fruit resembles an orange in size and color, but when even very carefully touched, explodes like a bladder or puff-ball, leaving in the hands only a rind, and a few filaments, by which the interior was traversed.

Your experience has been unlike mine, if it has not witnessed to similar disappointment in attempting to exhibit remedies according to the symptomatology given in some of our textbooks. Hence, I welcome confirmations of any striking symptoms, as well as reliable testimony as to the pathological condition, corrected by a remedy hitherto unconfirmed. This brief paper is offered for the purpose of calling your attention to a few remedies not generally used in the treatment of diseases of the ear.

Cotyledon umbilicus should be of great value in catarrhal inflammation of the middle ear. The prover, after taking 20 drops of the 3d dilution, had severe catarrh of the pharynx and the larynx; tickling in larynx, sense of suffoca-

tion, hurried and difficult respiration, the attack lasting a quarter of an hour. That day and the next, the Eustachian tube of the left side felt as if it were stuffed with mucus. The first day there were associated with this "stuffed" sensation, pain and great deafness; second day, a most disagreeable singing noise, and still a slight degree of deafness were present.

In Hale's "New Remedies," third edition, the first symptom under the heading "Ears," makes the clogged sensation, pain and deafness to depend upon, or at least to be associated with, the cough. To my mind, the proving does not warrant the grouping of the symptoms, and I have found the remedy curative when no cough existed. The cases to which it is applicable are those of acute naso-pharyngeal catarrh with excessive secretion. In the chronic form, with diminished secretion, it makes no impression on the subjective symptoms.

Plantago majora is invaluable in otalgia, by which we understand neuralgic earache. The proving published by Dr. F. Humphreys, of this city, in 1871, is one of the most valuable ever given to the profession; and I am glad to be able to confirm the associated symptoms of the ears and teeth. In a very large number of cases seen at the Ophthalmic Hospital Clinic, otalgia neuralgica, associated with odontalgia, has yielded, with magical promptitude, to *Plantago*. In the proving, the pains are described as darting, running, twinging, sharp, stabbing. The trigeminal nerve seems specially selected. One prover writes, "Along the course of the superior branch of the trigeminal nerve, etc."

Of the cases of otalgia, observed thus far, the large majority have been those in which the inferior maxillary was effected. If this is the uniform experience, we may find an explanation in the fact that, the sensory supply to the membrana tympani is from the auriculo-temporal, a branch of the inferior maxillary. Hence, the coincident earache and toothache.

Baryta carbonica has been an "Apple of Sodom" in my hands. The symptoms point very clearly to an abnormally open condition of the Eustachian tube. "Crackling in one ear on swallowing, as if breaking." "A reverberation in the ear on blowing the nose violently, crackling in the ear when sneezing." Rüdinger, of Munich, has given the profession the results of his investigations into the structure and physio-

logy of the Eustachian tube. It consists of two portions, an upper or tympanic, and a lower or pharyngeal one. The upper or tympanic portion is a small cartilaginous tube, allowing the free passage of air; the lower or pharyngeal portion is normally open only in the act of swallowing.

Yule, Rumbold, and others, have confirmed these statements, in observations on the healthy as well as in diseased conditions. As to the exact mode of muscular action, by which the tube is opened, there is still some difference of opinion. *Baryta* then corresponds to an abnormally patent condition of the tube, and the *muriate* cures this condition, and answers all the anticipations raised by the symptomatology of the *carbonate*.

Picric acid is a new friend, whose acquaintance every practitioner will do well to cultivate. It will be found curative in otitis externa circumscripta, (furuncle). In the proving, this condition occurred in a number of the provers. My attention was called to its value by Dr. Clara C. Plimpton, of this city, who obtained prompt relief from the above mentioned condition, by a single dose. During the past year, and particularly during the last three months, I have had a number of confirmations of this remedy. Furuncle is the result of an excess, or a diminution of nutrition. *Picric acid* corresponds to diminished nutrition; and, if given at the first appearance of furuncle, it aborts the process at once. In one case that had existed three weeks, the effect was to relieve the pain; and the tumors (three) ruptured, but evacuated only serum, showing no signs of pus. In the asthenic patient, *picric acid* will take first rank for this affection.

One of the most serious symptoms in aural disease—one that hints at fatal issues, is hemorrhage; that is, if it arise from a spongy, necrosed condition of tissue. I have been doomed to disappointment after the faithful exhibition of the various remedies given by the authorities. In two cases that gave no hope of recovery, I used *china*, experimentally; and found, to my delight, that the patients not only improved in general condition, but the flow of blood and bloody pus entirely ceased. Case No. 849, Ophthalmic Hospital Register, Nov. 12, 1874. Had *merc. sol.*, *cicuta*, etc., etc., until Jan. 30, 1875, when *china* was given. Jan. 30th. Much improved; scarcely a trace of blood. Feb. 13. No

blood; very little pus in M.E. The second case gave similar results in less than two months. Since then I have used the remedy in all cases of hemorrhage, that are similar to the above, with equally satisfactory results. *Mercurius dulcis*. It is over one year since my first use of this remedy in chronic catarrhal inflammation of the middle ear. Six months ago I promised to give further reports of its use, if they were warranted. From Oct. 1, 1873, to Oct. 1, 1874, 625 cases of aural disease were treated at the N.Y. Ophthalmic Hospital. Of these, 479 were lesions of the middle ear; and of the 479, 241 were cases of chronic catarrh—over one-third of all the cases treated, or over one-half of the lesions of the middle ear, were catarrhal. Given then, a remedy that will relieve the great majority, I leave you to state the value. Such a remedy is *Merc. dul.* Our anticipations, high as they were, have been more than realized. It is as homœopathic to an abnormally closed Eustachian tube as *Baryta muriatica* is to an open one.

PHLEGMONOUS ERYSIPELAS OF RIGHT LEG, WITH PHLEBITIS.

BY DUNCAN MACFARLAN.

(Staff Physician Homœopathic Hospital, Ward's Island.)

ENTERED Nov. 3, 1875, Adam Glass, age 26, tailor, single. First noticed a slight swelling in limb Oct. 29th, (does not know anything that could have caused it,) since then it has increased rapidly. He staid at home until yesterday, Nov. 2d, when he was advised to go to Bellevue Hospital. The physicians there examined him, and said that his limb must be amputated; he would not consent to this, so they sent him here. They told him that even if he did come here, he could not recover without amputation.

When he entered, his limb from knee to ankle was twice its normal size. Skin was tense, glazed, and had a reddish, purple hue. Veins were very prominent, and of a very deep color, extending to thigh. He complained of fearful burning, stinging pain, with great thirst, and very poor appetite, and said that for the three previous nights he had not slept any.

On evening of Nov. 3d, I lanced the limb in three places, from which was discharged immediately at least a pint of pus. Put seatons in to keep up the discharge. Pulse was 95. Applied

a bread and milk poultice every four hours, and gave internally, *Apis.* ²⁰ every three hours.

Nov. 4th—Slept for four or five hours last night, has less pain this morning. Discharge very profuse, mixed with dark blood, complained of pain running up inside of limb. Appetite improving. Pulse about 90.

Nov. 5-8.—Sleeps well. Appetite very good, slight pain, discharge profuse slightly brownish, inflammation in limb gone down one-half.

Nov. 9-15.—Have now changed to water dressings, ², with *arsenicum* ³ every four hours, improving steadily, there are now two large openings where the limb was lanced, and it is about its normal size. Veins are not so prominent or deep in color.

Nov. 16.—He got up to-day, walked a little about the room, and went back to bed again. He is quite strong, and would stay up all day if allowed.

Nov. 17.—Openings are filling up very slowly. He does not have the least pain. The dark lines marking site of veins have disappeared.

Nov. 18.—He is up now and walks around very well. Appetite is better now than it has been in a long time.

Was discharged Nov. 30th, 1875, entirely well.

List of patients having ulcers, and the number of superficial skin grafts put in each, during the past month. The grafts were chiefly taken from palm of hand.

	8 grafts.	8 taken.
James Binns	8	
John Lee.....	6 "	4 "
Daniel Dempsey.....	6 "	5 "
John Wessman.....	6 "	5 "
John Connell.....	12 "	8 "
John McMullen.....	6 "	5 "
Hugh Lahey.....	6 "	6 "
Peter Martim.....	6 "	6 "
John Connell.....	12 "	10 "
John Campbell.....	10 "	8 "
John Thornton.....	3 "	3 "
Patrick Hanlon.....	8 "	8 "
Peter Casey.....	8 "	4 "
Thomas Meyers.....	6 "	3 "
Charles Kenkle.....	4 "	3 "
Margaret Fitzsimmons	10 "	10 "
Eliza Kennedy.....	2 "	2 "
	119	98

THE female sex is greatly in excess of the male in Germany. In 1871 the female population were in excess of the male 755,875.

Clinic.

A DEATH FROM ETHER.

BY WM. TOD HELMUTH, M. D.

THE members of the profession generally, are not startled by the record of a death from anæsthetics—the medical and secular periodicals have, from time to time, contained the history of many fatal cases. It is, however, one thing to *read* the description of a so-caused death, and quite another to participate in so serious a drama. It in no way disturbs one's equanimity to calmly peruse the details of such unfortunate occurrences, but to be an actual factor in the catastrophe, to feel those moments of painful anxiety and suspense, to realize the fact, that life or death are hanging on a moment of time, and that perhaps the scale may be favorably turned by one's own individual exertions, renders the responsibility to the surgeon, in such a case, one of the heaviest burdens he is called upon to bear.

At the Surgical Clinic of the N. Y. Homeopathic Medical College, held on Saturday, the 20th of November, a patient expired during the performance of an operation, undertaken by myself, for the removal of the left superior maxillary bone. The case is one of peculiar interest, and I take this opportunity of laying the same before the profession.

On the 13th of November, Mr. J. H. Hallock, of Plainfield, New Jersey, presented himself at the clinic of the college for advice and relief. Most of the two hours allotted to the clinic had been occupied by other cases, and but a brief time could be spared for examination on that day. The patient was of middle stature, with hair somewhat sprinkled with gray. He was of spare habit, weighing, I should suppose, about 125 pounds. He was of a bilious, nervous temperament; was restless, anxious, fearful and depressed. He had the appearance of a person who had suffered much. His age was fifty-two years. Upon raising the upper lip, my attention was arrested by the extremely fetid odor coming from his mouth, and the swollen and unhealthy appearance of the gums. There were four fistulous openings above the alveolar process, in the left upper jaw, but the teeth were intact. Into two of the sinuses, a probe was introduced, it passing easily through the soft

disintegrated substance of the jaw, directly into the antrum, and here and there giving the granular touch belonging to diseased and dead bone. The malar process was not much affected, nor even the upper portion of the nasal process. In order to satisfy myself thoroughly as to the nature and extent of the disease, I requested the patient to call at my office the following Tuesday, and accordingly, on that day, November 23d, he visited me at my house. I again probed the jaw, examined more minutely into the extent of the disease, and in answer to an inquiry as to danger, requested him to stand up. I then listened to his heart and lungs. The former were in good order, the respiratory murmur perfect, and resonance good. His heart-beats were perfectly normal in rhythm and stroke, the systole and diastole were in correct time; there was no insufficiency in valvular closure, the only noticeable symptom was the weakness of the sounds. This I attributed to his prostration and general fearfulness. I informed him thereupon, that the operation must be performed, and that on the following Saturday the bone would be removed at the college clinic. I have before observed this weakness of cardiac action, and have known it improve under the stimulating effect of ether. I must say that I felt no apprehension as to the safety and actual demand for the operation, and expressed the same to the patient. On the following Saturday, when I reached the college, I went into the wards adjoining the amphitheatre, and found the patient had arrived, with his wife, and was awaiting with anxiety the performance of the operation. I told him, that I hoped the effort for his relief would be successful, and he then handed me a paper, which I had requested him to prepare for me, giving me an account of his sickness, the main features of which are already recorded. I then requested Dr. Hills to place him under ether, in the ward, as is the custom, and went into the amphitheatre. A patient was brought in with hydrocele, and while I was making a few remarks upon that disease, to my surprise Mr. Hallock was brought etherized into the theatre. The time occupied in the production of anæsthesia was so very short, that it caused remark. I then made a few comments upon the varied incisions recommended for removal of the whole or portions of the superior maxilla, and was about to commence with the operation, when the patient came from under the

anesthetic influence, sat up and struggled. I looked at him then; there was no blueness of the face, nothing to indicate danger. The ether was again applied by a Lentz inhaler, (which apparatus I always employ,) and in a few moments he was ready for the knife. I then felt his pulse. It was regular and fuller than before, his respiration was normal, and his appearance just that I have seen a hundred, nay a thousand times, before beginning operations. Dr. Hills kept his finger on the pulse, which is always our custom in the operating room. Mr. Boyle kept the cone to his face, Mr. Hugh Smith made the record, and handed the instruments, while Dr. Thompson and myself were busy with the performance of the operation. The incision I had intended to make was that of Fergusson. I therefore divided the lip, sufficiently to the left of the median line, to let the incision pass fairly into the nostril. The coronaries bled of course. I used acupressure on the left side, and a ligature on the right. I then took a pair of tooth forceps and extracted the left central incisor. Having this done, the bone forceps were taken in hand, one jaw of which was entered into the nostril, the other into the cavity of the mouth, and the palate process cut through. It was semi-solid, degenerated, fetid, black, and crumbly.

During this time, I said, "How is the pulse?" The answer came, "good." Dr. Hills felt it. Dr. Thompson felt it. I then took a pair of strong forceps and removed three teeth with the alveolar processes, when I accidentally looked up. His face was blue; his breathing arrested. I placed my finger on his pulse, it beat well, *without intermission*. I fancied there was but a temporary arrest of breathing, such as I have often seen before, and must say, did not feel much alarmed, because of the regularity of the pulse. The respiration did not return, and thinking, perhaps, that a sudden gush of blood had passed into the larynx or throat, I introduced my fingers into his mouth and cleared it of the little blood it contained. Dr. Thompson took the left arm, a member of the class the right, and artificial respiration was induced, while I drew forward the tongue with a double hook, and hastily sent down stairs for the battery. Ammonia was applied to the nostrils. There was no effort to breath, except occasionally a gasp, such as we see in moribund patients. The pulse could barely be felt at the wrist, and the battery having

been prepared, was applied to the pneumogastric in the neck, the epigastrium, and other parts of the body. The patient was then inverted for a time, but without effect; his entire clothing was removed, and frictions made to the extremities, the ammonia being used as before. I was preparing to perform tracheotomy, but the patient was dead beyond all hope of resuscitation.

To inform the wife of this sad catastrophe was my next duty, and although the few moments which had elapsed, had been fraught with most intense anxiety, the latter business was by far the most heart-rending of all. There is no need of writing these details, fresh though they be in my memory; I trust no surgeon will ever have to perform so painful a duty. I immediately proceeded to the health office, stated the case to Dr. Elisha Harris, who, from long experience in such matters, understood in a moment the nature of the case. He gave me a letter to the coroner, and on the following day, Sunday, November the 21st, at three o'clock, the inquest was held in the college amphitheatre. Many of the class, and a number of my professional friends, were present. The jury was empaneled, and Dr. Joseph Cushman and Dr. Thomas C. Finnell performed the autopsy. I must here say, that all these proceedings were marked by the utmost fairness; that there was the kindest consideration and appreciation of the case shown by all the gentlemen interested, and that the examination was marked by thoroughness and skill. During the time that elapsed between the death of the patient and the examination, I had the body locked in the amphitheatre. It was not touched by any one, the acupressure pin was left in its position, and the ligature remained intact. Decomposition had already begun, and upon removing the cloth from the deceased the peculiar cadaverous odor belonging to the putrifying process was quite apparent. The calvaria was removed by Dr. Cushman, and the brain examined. The skull-cap came away without much force, and its inner surface was natural. An odor of ether was perceptible from the brain surface after the removal of the *dura mater*. Its color was good; there was no hemorrhage on the surface. There was a moderate amount of subarachnoid serosity, which was general, and not especially limited to spots. The sinuses of the *dura mater* were quite full of blood, which as usual, was dark and grumous.

After the removal of the arachnoid and pia mater, the brain was carefully examined, but nothing abnormal was found, from the external convulsions to the pons varioli. The larynx and trachea were carefully looked into, and I must say, that I expected that there might have been found therein a clot of blood which could easily have found its way into the respiratory organs during the struggle for life. Nothing however was discovered. The lungs were healthy, blanched somewhat above, but excessively congested below from hypostasis; no adhesions, no tubercles, no apparent disease. The pericardium was opened. The heart was small, about two-thirds its natural size. There was a deposit of fat, by no means inordinate, around the superior portion of the right auricle, extending in a lesser degree to the upper part of the ventricle, the walls were thin, but the valves, the coronary arteries, the chordæ, the semilunar valves, were all in good order. The liver was very much congested; the kidneys showed great venous engorgement. The stomach and intestines healthy. The spleen natural.

After this examination, the jury took their places on one side of the amphitheatre, and the witnesses were examined by the coroner. The testimony of Dr. Finnell, Dr. Cushman, the coroner's deputies and assistants, and of Drs. Thompson, Hills, and myself, was taken. The ether apparatus was shown, and the quantity of fluid stated, being between two and-a-quarter to two and-a-half ounces. The most important question, however, asked during the testimony was that to Dr. Thomas C. Finnell: "Can such a condition of the heart be recognized during life?" To which the answer was, "That it could not." The jury retired, and in a few moments returned with the verdict that "death was caused by the ether acting on fatty disease of the heart." As far as my memory serves me, this is an accurate account of the whole affair.

There can be no doubt in my mind that deaths from anæsthetics are not sufficiently understood even by the profession at large. When such unfortunate accidents have occurred, the heart and brain are the organs which are immediately supposed to be at fault, and I am persuaded that such is not the case, not only from one or two cases that have made a most forcible impression upon my mind, but upon the authority of those gentlemen who have given the matter the most

thorough investigation, and whose opportunity for experiment has been exceptionally large and varied. There can be no doubt of two facts which have an important bearing in these cases, the one being, that in very many instances both chloroform and ether are successfully administered to persons who are suffering from organic diseases of the most severe kind; the second, that deaths occur often in those who have no recognizable disease whatsoever, and in persons who, to all appearances, are in a state of health as near perfect as is generally found. Dr. Benjamin W. Richardson, and Dr. Snow, both of whom have made the subject one of exact study and research, testify to this truth. The former gentleman thus writes, in one of his lectures: "When I was engaged in the practice of the administration of chloroform, I was careful to make diagnosis of disease before administration of the narcotic, and on referring to the facts, I find that I administered it in the presence of the most severe forms of organic disease. In phthisis pulmonalis, in various stages; in cancer, in various stages and types of the malady; in chronic bronchitis, asthma, and hydrothorax, in mitral disease, hypertrophy and dilated aorta; in epilepsy; in idiocy with epileptic disease; in various forms of dropsical effusion; in paralysis and acute mania, etc., etc.; and in not one of these administrations was the danger of the administration in any way increased." Dr. Snow, in his book on "Chloroform and other anæsthetics," confirms these facts; and again, on the second point, this same gentleman emphatically says "Sometimes persons die under chloroform who have no appreciable disease whatever before death, no disease, that is to say, which the *most perfect diagnostician could put his finger on, and say there was cause of anxiety from the presence of disease.*

From the most recent researches on this subject, and from the experiments of Dr. Russell, on the "Influence of the vagus on the vascular system," it seems now to be a fair conclusion that the asphyxia which we often see in these deaths from anæsthetics, is caused by the direct action of the anæsthetic on this nerve. Dr. Richardson further states: "In conclusion, I infer that in every case of death from chloroform, the cause of death is either of the motor or of the controlling nervous mechanism of the heart. I conceive that any primary organic changes of structure leading to death, are situated in that mechanism, and

must be looked for *there*, and I think that there is fair ground to assume, that in some cases there may be death, where there is no actual disease of structure, but simply so extreme a natural delicacy of balance between the nervous functions, that the excitations produced by the chloroform is sufficient to arrest motion and destroy life."

In the case which I have just recorded, it must be borne in mind that the patient was in an excessively nervous condition, that his heart was, small and degenerate, but that the heart continued its function for some minutes *after* the arrest of breathing was complete; showing, to my mind, the fact that the vapor of the ether, in a person of most extreme nervous irritation, acted as an excitant or irritant on the nervous periphery of the respiratory surface. There was a spasmodic cessation of the organs of respiration. There was asphyxia, complete and immediate. It took some time, however, for the non-oxygenated blood to stimulate the vagus sufficiently to arrest the heart-beats, which sooner or later, under such circumstances, must take place.

In my clinics, and in fact in my entire surgical practice, I have abjured chloroform for years. On two occasions, once in St. Louis, while I was operating for fistula in ano, and once in Buffalo, while removing the lower eye-lid for an epithelioma, I was on the verge of seeing the patients pass from life to death, and the sensations I then experienced, and from the many statistics I have read, I have preferred, and always administer ether. I grant it is not so pleasant as an anaesthetic, its administration takes longer, and its effects may be more evanescent; perhaps also there is more emesis during the inhalation, but I think I express the opinion of most operating surgeons when I say, that ether is gradually, even in England, superseding chloroform. According to statistics of Andrews, of America, and Richardson, of England, as collected by Dr. Coles, I find the following:—deaths from ether, 4 in 92,815 inhalations, or 1 in 23,204; deaths from chloroform, 58 in 152,260 inhalations, or 1 in 2,872, making about eight deaths from the latter to one of the former. This subject, however, cannot be entered upon in a paper like the present. The condition of the heart is one that could not be recognized during life, and the case must be set down as one of those so well classified by Sir James Paget, as "surgical calamities."

[After sending the above article to press, I received the following letter from Mr. Hallock's former physician, which will serve to show the peculiarly sensitive nervous organization of the patient.]

NEW YORK, December, 1875.

Dr. W. T. HELMUTH.

Dear Sir:—In reading the paper a few mornings since, I was somewhat startled to see there, the announcement of the death of Mr. James Hallock, while receiving ether, preparatory to an operation. For many years the poor fellow was a patient of mine, and I have been wondering since I heard of his death, whether his peculiar nervous or mental condition may not have played some important part in the sad event just alluded to. I think he was the most timid and easily frightened man that I ever knew; and many a cruel joke he became the victim of at the hands of thoughtless associates, who did not know the extent of suffering to which he was subjected by a sense of fear. I have known him to suffer for months under the delusion that he was constantly followed and watched by a band of burglars, who were only waiting a favorable opportunity to take his life. And all this he believed was the result of his having *reported* to the police that burglars had entered his house.

If attacked with a slight pain in the bowels, he would exhibit the greatest alarm, lest it should turn to cholera, fatal colic, or dysentery. At times he seemed to realize that he was laboring under a weakness of this kind, and in a conversation during our late rebellion, he assured me that if taken by a draft officer, he knew he should "fall dead on the spot." His sister, a very intelligent lady, visited me occasionally, and expressed much anxiety in regard to his increasing nervousness, and feared he would some day become insane in consequence of it. I could mention a great many similar facts, but all pointing to the same general fact, that he was a great sufferer from morbid sensibility and fear.

Yours truly,

J. FINCH, 143 W. 44th st.

THE ACTION OF SALIVA.—The *Doctor* reports that M. Petit recently communicated to the Société de Pharmacie of Paris the results of his experiments on saliva. He had found that one gram of ptyaline had the power of dissolving from ten thousand to twenty thousand grams of starch, producing a quantity of sugar varying between three thousand five hundred and seven thousand grams.

OBITUARY.—Dr. Mairs, the oldest homeopathic physician in New York, died at the close of the year, at his residence, after a long and painful illness, at the age of eighty years.

The Homœopathic Times.

A MONTHLY JOURNAL

Of Medicine, Surgery and the Collateral Sciences.

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Published on the First of each Month.

Office, 18 West Twenty-Third Street, New York.

NEW YORK, JANUARY, 1876.

"A regular medical education, furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

A RETROSPECT.

IN the world of science time is reckoned less by revolving years than by work accomplished.

Although the year 1875 is marked by no startling discoveries, there has been a healthy progress in every department of knowledge. We have seen a gradual growth and ripening of precious seed; a searching with renewed care in old mines whose riches prove inexhaustible, and a following out of old lines of thought rather than those grand discoveries which sometimes startle the world with their greatness. It is well sometimes to re-discover old truths which have been buried beneath the rubbish of modern thought, and to unearth from the debris of theories those facts drawn from experience, which in the rush for new things, have been forgotten.

The quality of mind which prevails in childhood clings to us to a certain extent through life. The idol of to-day is dethroned to-morrow, to make room for a new favorite; this too, in a short time, when the glowing anticipations with which it was started into life have been disappointed, takes its legitimate place, or is discarded altogether. Those drugs which are really valuable in certain conditions and for certain purposes, are oftentimes marked as failures, because they will not accomplish all that has been expected of them. Instruments which,

confined to their legitimate spheres, are of inestimable value, and whose field of usefulness, as we more and more comprehend their powers and their real uses, is rapidly widening, not unfrequently lead us into the wildest theories and the gravest errors, because in their use we have neglected to a certain extent the old lines of careful investigation, and put down as conclusive facts what may be merely incidental phenomena.

No one can doubt that the microscope, the ophthalmoscope, and the spectroscope, have opened a broad and almost inexhaustible field of scientific investigation, and by the insight they give us into the developments of life, and the composition of matter, make clear to a certain extent what was before dark, and direct our minds into new and more positive channels of thought. There is no doubt, however, but what even with the aid of these instruments, conclusions are often reached which will not stand the test of future investigation. Here lies the danger—the danger to be guarded against in every new field of investigation. In the enthusiasm excited by the first glimpse through the just opened door into the world beyond, we imagine we have before us a straight and easy path in which we can walk with erect head and rapid footsteps, but find too often in our eager haste our feet stumbling against rocks, or sinking in quicksands. There is too little caution, too little weighing of facts, and too great haste in rushing to conclusions formed upon insufficient premises. We are already learning in repeated disappointments and failure that however vast the powers of the microscope, the ophthalmoscope, and the spectroscope, we are not yet sufficiently advanced to always utilize them in the right way.

The ophthalmoscope has not yet revealed all that its enthusiastic admirers claim for it, and many of its so-called revelations, as it regards the conditions of the nervous system, and the action of drugs upon the circulation, have but little more foundation than the imagination of the enthusiastic observer. Whatever may be in

the future, we are certainly not prepared now, in the very infancy of our investigations, to found our theories of life and disease too exclusively upon their supposed revelations.

Make haste slowly, is an old proverb; but it loses none of its truth and pungency by age. It is more important now than ever before, in this age of progress, when new thoughts and new truths seem bursting into life all around us, that the mind shall be taught to think correctly, to reason clearly, to analyze, to investigate, and weigh with scrupulous care in its well-poised scales, facts and deductions, and use them to the best advantage. Through lack of some element in mental training, we often see minds like vast granaries filled with immense riches, but the doors closed and locked. Knowledge is really of no use unless it can be appropriated to some practical purpose. It is for this end that information is acquired.

The three years' graded course recommended by the American Institute of Homœopathy, and now being adopted by many of our colleges, is certainly a step in the right direction. The progressive steps thus secured enable the student to become more thoroughly grounded in the rudiments of his profession than when the studies are massed together in more or less confusion. It gives him time also to avail himself of clinical study, without which a student is poorly fitted to enter upon the duties of his profession. Give us in our medical schools plain practical teachers, with an abundance of clinical material and clinical instruction, and we shall be on a surer road to elevate the medical profession, and win respect and success, than by any amount of legal enactments or high-sounding resolutions. If our young men would win success, they will find it essential to utilize the knowledge they have obtained, putting it to a practical use in the sick-room. To do this, clinical study is of the utmost importance. Our new hospital on Ward's Island, with its four hundred patients, and the number daily increasing; our lunatic asylum, of which the

State and the profession may well be proud; our ophthalmic hospital, and two large dispensaries, for the treatment of general diseases, all equipped and in good working order, with full access to the great charities of the city under allopathic control, give us abundance of material and ample facilities for clinical work.

For the first time in this city since the organization of our school we stand on an equal footing, so far as facilities for study are concerned, with the so-called old or regular school of medicine.

It remains to be seen whether we rightly appropriate these almost inexhaustible riches before us, marching forward step by step to higher conquests and grander results; building for the future as well as the present, rising above that narrow prejudice and contracted gaze which begins and ends with self, or let the golden opportunity slip from us, to our lasting shame.

The future of progress in medicine rests in a great measure with the younger members of the profession. The field is fresh before them, with no old hates to conquer, no bitter prejudices to eradicate. The fresh blood and new life which they might infuse into our medical societies, united with the larger experience of the older members of the profession, might make them equal in learning and ability to any of the leading scientific societies of the city. In these societies, if medical men in active practice, were placed in the foreground, directing the policy for the advancement of the profession, while those who have, in a measure, retired from practice and are devoting their time to commercial pursuits, would modestly retire to the rear, the profession might be more respected at home, and exert a stronger and healthier influence abroad.

With a little harmonious and united action, directed not only to the present needs of the profession, but also looking to its future usefulness and strength, the year 1876 may be one long to be remembered in the annals of our school and in the history of medical progress.

THE PRESBYTERIAN HOSPITAL.

A STORM is raging over the usually placid sea of allopathy in New York. The breath that kindled the tempest, it is said, was that of a woman. The first ripple was started within the walls of a hospital, which, judging by its name, should be the most conservative and dignified of all hospitals. And yet, a woman standing within those quiet walls, has raised a tempest which has stirred the allopathic profession to its very depths, and lashed it into fury. From the days of Helen, of Troy, down to Mrs. ——, of the Presbyterian Hospital, woman's influence has been all-powerful: changing the geography of the world, and influencing for good or evil the destinies of mankind. Had it not been for Helen we should never have had the immortal epic of Homer. Had it not been for Mrs. ——, of the Presbyterian Hospital, there would be no prospect of our having——.

The facts as we understand them, are simply these. The by-laws of the hospital require the annual election of the medical staff by the board of trustees. At the last election the board, moved it is said, partly by the influence of the matron, and partly, perhaps, by other causes, elected in the place of four of the medical staff, four new men who had not been connected with the hospital. They made no charges against the old members, and assigned no reason for their action, except that they believed they were acting for the best interest of the hospital.

In the face of the by-law, no one can doubt their legal right to take this action. The trustees of an institution, responsible to the public for its financial management, and for the harmony and efficiency of its employés, must have some discretionary power. The interests of the institution are expected to be foremost, before which all considerations of a merely personal nature sink into insignificance. If this is not the case, what is the use of a board of trustees? What is to prevent two boards, of equal power,

waging a contest with each other to the great detriment of the public good?

The question is narrowed down to a single point. Has a board of trustees the moral right to change its officers without making any charges against them, assigning only the general reason, without specifying any particulars, that the interests of the institution justified such action? We simply state the case, without pretending to give an opinion in the matter. If we are not mistaken, the New York Ophthalmic Hospital was once in the hands of the allopathic school. Without any particular charges we believe being brought against its medical officers, all of whom occupied high positions in their specialty, every one of them was discharged, and a new staff appointed, composed entirely of homœopathic physicians and surgeons. There is no question but that the institution is doing much more good under its present management than it did under its old.

At a more recent date the trustees of the New York Homœopathic Medical College declared every chair in the institution vacant, without giving the professors a moment's warning—without preferring any charges against them, or assigning any other reason for their action, than that they believed the interests of the institution warranted their action. The college had been built up, its museum and laboratory had been supplied with working materials by the labor of the professors. The trustees, from beginning to end, had not furnished a single dime to the funds. Still the public looked upon them, to a certain extent, as the guardians of the honor of the college. They had the legal right to take the institution entirely out of the hands of those who had built it up and contributed to it all its funds, and that legal right they exercised. This is no place to express an opinion upon the moral justice of their action. Certain it is, that the re-organization of the college has infused into it new life; and to-day it stands on a firmer foundation, with the promise

of a broader field of usefulness than ever before.

The Presbyterian Hospital is a magnificent charity. It is one of the finest hospitals in the city. It is a pity that its mission for good should be checked by any dissensions within the ranks of its officers.

We have a simple suggestion to make to the trustees—or, rather, a question to ask them. Would it not be wise, under existing circumstances, as the members of the old medical staff resign, to fill their places with homœopathic physicians and surgeons? The trustees are positive that their action has been right. The majority of the medical men of that school are equally positive that the action has been all wrong, and seem strongly inclined, by bringing to bear the powerful influence of a united action, to force the trustees to obey their will. The trustees fail in their duty to the public and to the sick if they allow the usefulness of the hospital to suffer from any discord among its officers. Why not then cut the Gordian knot, and place the medical care of the institution in the hands of our school?

ADOLPH REISIG, a distinguished homœopathic physician, died on New Year's night at his residence in Thirty-fourth street. He left a large family party dancing the German in his parlors to go into his office to take his usual after-dinner nap. When his wife went to wake him she found him apparently asleep, but really dead, in his chair. He had died without a struggle, with his hands folded in his lap. He was seventy-seven years old, a German, and one of the three or four noted American practitioners of the Hahnemannian law of cure with the high potencies.

CENSUS Report of Homœopathic Hospital, Ward's Island, for Month ending Dec. 31, 1875:

	Males	Fem.	Native	Forgn.
No. remaining last Report, 224	45	58	211	
Births.....	1	...	1	...
Admitted since.....	92	41	35	98
	317	86	94	309
Discharged.....	46	34	26	54
Died.....	9	1	2	8
	55	35	28	62
Total Remaining.....	262	51	66	247

Reports of Societies.

STATE HOMOEOPATHIC ASYLUM FOR THE INSANE.

FROM the report of the superintendent, Henry R. Stiles, M. D., we obtain the following facts in relation to the medical department of this institution, for the year ending November 30th, 1875. In this report, the superintendent has included, (by way of recapitulation,) the record of the seven months' medical service of 1874, thus presenting a connected view of the first nineteen months' practice of the asylum :

	Males.	Females.	Total
No. patients received from opening of Asylum, April 20th to Nov. 30th, 1874, a period of 7 months.....	27	42	69
No. patients received from Nov. 30th, 1874, to Nov. 30th, 1875, one year.....	49	50	99
	76	92	168

The results of treatment have been as follows:

	Within first seven mo'ths, Apr. 20, '74, to Nov. 30, '74.		Within one year, Nov. 30, '74, to Nov. 30, '75.		Totals for 19 mo's.
	Males.	Females.	Males.	F'males.	
Dis. cured	5	5	15	15	40
" improved.....	..	2	5	10	17
" unimproved	9	4	13
" as not insane	1	..	1
Died.....	9	2	8	3	15
	7	9	38	33	86

From the above tables it will be seen that of the 69 patients received for the first seven months, ending Nov. 30th, 1874, (of which 27 were males) five males and five females were discharged *cured*, and two females as *improved*, while only four cases (two of acute mania, one of general paresis, and one of puerperal mania,) died; giving a percentage of *cures* as 13; of *improved*, as 41; and of deaths, less than 6 per cent. At the close of these seven months there were remaining under treatment 20 males and 33 females; to which, during the year just ended, were added 49 males and 50 females, making a total of 152 under treatment during the year ending Nov. 30th, 1875.

Of these 152, fifteen males and fifteen females have been discharged as *cured*; five males and ten females as *improved*; nine males and five females as *unimproved*; one as *not insane*; and

eight males and three females have died; giving us a per centage of 19½ cures; of 10 per cent. as improved; of 8½ per cent. as unimproved, and of 7½ as died, during the year just ended.

Again, of the 168 cases treated in these nineteen months, 41 (17 in 1874, and 24 in 1875,) were chronic cases, *i.e.* of one year's standing. Deducting these from the total number treated, shows a per centage of 31½ cures, and 13½ as improved in the remaining 14 acute cases. Even among the chronic cases, several have been sent away cured, and some vastly improved.

From the table of diseases of patients, we observe that chronic cases (*i.e.* of over a year's standing,) figure more largely during this year than in the last report, and consequently tend somewhat to impair the per centage of curative results. This, however, is owing to the fact that the managers have taken the temporary charge of a number of Orange county patients, (for whom there was no accommodation at the Willard Asylum,) pending the construction and completion of the County's new chronic Insane asylum at Goshen.

Of medical treatment, the report says, "it continues to be purely according to the law of *similia similibus curantur*, and entirely without resort to any of the forms of anodyne, sedative, or palliative treatment so generally in use (even among physicians of our own school,) in cases of mental disturbance. Not a grain of chloral, morphine, the bromides, etc., etc., has ever been allowed in our pharmacy, or given in our prescriptions; nor do we feel the need of them, even in our most violent cases of acute mania. A careful study of the mental and physical symptoms, together with a rigid adherence to the Hahnemannian principles of selection and administration of remedies, has enabled us to meet the requirements of each individual case with comfort and success. On the mooted question of dilutions, which divides the homeopathic school of medicine, we endeavor to preserve a strict impartiality, using both the highest and the lowest, as circumstances seem to indicate, and with that regard to exactness of detail in prescription, which shall best secure for the aggregated results of our asylum practice the value of a scientific experiment. Our *case book* shows a brief but complete daily record of the mental and physical symptoms; the medicine, dilution, and form of administration; the restraint used, and transfers

made in each case, from the date of its admission."

The report closes with an account of the dietary system, social and moral influences which surround the patient, and render an asylum life conducive to a speedy recovery, at the same time lighting up with a cheerful gleam, what might easily become a dark and dreary existence.

HOMEOPATHIC MEDICAL SOCIETY, COUNTY OF NEW YORK.

REGULAR MEETING, DEC. 8TH, 1875.

President, B. F. Joslin, in the chair.

This being the annual meeting for the election of officers, after the reading of the reports of the secretary and treasurer, that order of business was taken up. The following is the result: E. M. Kellogg, M. D., president; J. C. Minor, M. D., vice-president; Henry C. Houghton, M. D., treasurer; Alfred K. Hills, M. D., secretary; Alfred Wanstall, M. D., librarian. Censors: C. A. Bacon, M. D.; F. E. Doughty, M. D.; Alex. Berghaus, M. D.; J. A. Terry, M. D.; W. N. Guernsey, M. D.

Dr. Carroll Dunham presented to the society, through the secretary, the following resolution, which was adopted, viz.:

"That a standing committee of five members be appointed, whose duty it shall be to visit once every three months the homeopathic hospitals and asylums in this State, and after each visit to report the result of their observations, and such suggestions as they may see fit, to the society and the boards of trustees of the said institutions."

The committee appointed by nomination consisted of the following gentlemen: Drs. Dunham, H. M. Smith, Samuel Swan, R. Blakelock, and E. M. Kellogg. Alexander Berghaus and F. E. Doughty were nominated for membership to the State Society. As delegate members to the State Society to fill vacancies: Drs. C. A. Bacon, J. Robie Wood, Clara C. Plimpton, C. E. Blumenthal, and A. J. Bigelow.

TO THE HOMEOPATHIC PHYSICIANS OF THE STATE OF NEW YORK.

[The following is a copy of the circular issued by the Committee appointed in September, 1875, to insure the continuation of homœopathic treatment in the Middletown Asylum. We recommend its careful perusal to all our readers.]

THE Committee appointed at the special meeting of

the State Homœopathic Medical Society, September 21, 1875, enclose to you the memorial they propose to submit to the Legislature; and ask your dispassionate consideration of the following facts and propositions concerning the Middletown Insane Asylum. If the memorial meet your approbation, as we trust it will, please request the representatives and senator from your district, to support the act based upon it.

The great desire of every member of our school in this State, with regard to the Asylum, must be to further and ensure its material prosperity, its medical efficiency and its perpetuity as a homœopathic institution.

It must be manifest to every one of us that, as hitherto, we have succeeded in establishing this State institution (and others) through the *unanimity* of our efforts and appeals, so we can hope for a continuance of public support for it only so long as we are united and harmonious in our relations to it and our support of it.

The distrust and alarm naturally awakened in our minds by the change in the Board of Trustees, effected by an unusual mode of legislation, last winter, have excited a wide-spread desire to secure an Act of Legislature, removing the present and restoring the former trustees.

After careful investigation of the circumstances and of the conditions of the Asylum, for which the trustees have given us every facility, we think such a course not advisable; we think the attempt would be disastrous to the interests of the Asylum.

On what grounds could we ask for the passage of such an Act?

On material grounds? The Asylum is in a sound condition, and its prospects are excellent.

On medical grounds? The medical staff of the Asylum, under which most favorable results have been obtained, has not been changed. And the trustees assure the profession they have no wish or purpose to change it.

On the ground of apprehension that the change in the Board foreshadowed a change in the mode of treatment prejudicial to homœopathy? The new trustees have publicly assured the profession that such apprehension is groundless, and have, unqualifiedly, pledged themselves to maintain the homœopathic mode of treatment in the Asylum.

The only possible remaining ground is that, by their summary removal, an indignity was done to eminent and worthy physicians and lay adherents of homœopathy, and for which redress may reasonably be asked.

This was indeed a grave procedure. But is it *wise* or *safe* to make personal considerations of this kind, the basis of legislative changes in the organization of public institutions? And if it were so, can this wrong be justly righted in this way?

With the notable exception of the member resident in Albany, the present Board of Trustees knew nothing of the contemplated change. They had no hand in it, and are not responsible for it. Without connivance on

their part, they have been placed by the State in a position of trust and public service. To remove them, in order to redress the grievance of members removed last winter, would cast on them the stigma of having wrought that grievance—at least it would place them in a position similar to that occupied by the members removed. Thus, one wrong would be righted by the commission of another.

The present trustees, and their professional and lay friends, might reasonably be expected to resist the passage of an act removing them, without cause, from a position they had not connived to secure, but whose duties they are faithfully fulfilling. There would then be a strife before the Legislature between two considerable bodies of homœopaths.

Nothing could afford greater satisfaction to our enemies, nor a fairer opportunity to ruin the institutions we have succeeded in establishing, and the prestige we have gained by the harmony with which we have hitherto acted. Nothing would so contribute as such a strife among ourselves, to the success of those schemes for establishing a State medicine, and dispossessing us of the equality of rights and privileges for which we have so long contended, and which we are just beginning to enjoy—schemes which we have met, and by our united efforts, defeated in successive Legislatures, but which only await a favorable moment of discord in our counsels to become the law of the State.

The example and position of our brethren in neighboring States should admonish us that strife, thus begun, is not easily healed; and that progress in public esteem and trust can not be hoped for while we are at variance among ourselves.

For these reasons, we respectfully urge upon our colleagues acquiescence in the present status, hearty support of the Asylum, and a lively interest in its management and in the future appointments to the Board of Trustees.

In obedience to the commands of the State Society, the Committee ask that the provision requiring the trustees to be "adherents of homœopathy," be restored to the Charter of the Asylum. But we perceive defects in this provision and objections to it. The qualifications which we demand in trustees are, capacity, integrity, and a purpose to maintain the homœopathic treatment in the Asylum. We may find these qualifications in men, not hitherto known as "adherents of homœopathy." And in fact the board *has* contained, almost from the establishment of the Asylum, most excellent trustees, who had not been previously known as homœopaths.

The phrase is indefinite. Who shall determine what constitutes an "adherent?" An unscrupulous man, who desired the office, might declare himself an "adherent of homœopathy." And who should gainsay him? Once a trustee, what could bind him to maintain the homœopathic treatment? On the other hand, a desirable, conscientious man might, by a rigid construction of the phrase, be deterred from taking office.

The *real desideratum*, in our view, is to ensure the adhe-

tion of the trustees to homœopathy during their term of office and in their official capacity.

In order to secure this desideratum, and at the same time to have the widest field for the selection of capable men, we have suggested a phrase which directly and explicitly expresses what we desire. It provides that the fact of accepting the office of trustee, shall be a pledge that the person accepting will maintain the homœopathic mode of treatment in the Asylum.

This suggestion is heartily indorsed by the present Board of Trustees of the Asylum. If it be acceptable, as we hope it will be, to the profession, there will be no opposition to it in the Legislature. By its enactment the future of the Asylum, as a homœopathic institution, will be secured; and we shall preserve the unity of action among ourselves in public affairs which has gained so much for us in the past, and holds out such brilliant promise for the future.

JOHN F. GRAY, M.D.,
CARROLL DUNHAM, M.D., } Committee.
A. W. HOLDEN, M.D.,

December 20, 1875.

At the regular quarterly meeting of the Trustees of the New York State Homœopathic Asylum for the Insane, held at the Asylum in Middletown, on Tuesday, December 14, 1875, present, Messrs. Harper, Guernsey, Burt, Draper, Vail, Graham, Hayes, and Stivers, the Memorial of the Committee of the New York State Homœopathic Medical Society to the Legislature having been read by Mr. Harper, the president, on motion of Mr. Graham, it was

Resolved, That this board, without subscribing to or indorsing all the statements of said memorial, and being firmly of the opinion that the reduction in the number of the board, and the localizing of its members in the immediate neighborhood of the asylum, was for the best interests of the asylum, and that such views had long been entertained by the active members of the board, as more fully set forth in their statement to the public already made; yet this board now readily and cordially unite in the latter form of amendment to the charter proposed by the memorial, and to which this board was already pledged, to wit: That the "trustees shall be proper persons, whose acceptance of the office of trustee shall be a pledge that they will maintain the homœopathic mode of treatment in the asylum."

A true copy from the minutes.

Attest. M. D. STIVERS, *Secretary*.

AN ACT regulating the appointment of TRUSTEES OF THE STATE HOMEOPATHIC ASYLUM FOR THE INSANE AT MIDDLETOWN.

SECTION 1.—Whenever vacancies shall occur in the board of trustees of the State Homœopathic Asylum for the Insane at Middletown, the Senate shall appoint, on the nomination of the Governor, proper persons to fill such vacancies; and the acceptance of the office of trustee, by the persons thus appointed, shall be a pledge that they will maintain the homœopathic mode of medical treatment in the said asylum.

SECTION 2.—All acts, or portions of acts inconsistent with this Act, are hereby repealed.

Medical Annotations.

Therapeutic Properties of Salicylic Acid.—Some very important observations by M. Wagner, on Salicylic Acid, appear in a recent number of the *Journal für Praktische Chemie*. His results are thus summarized by Stevenson, in the August number of the *Journal of the Chemical Society*: 1. Salicylic acid is superior to plunol (carbolic acid) as a disinfectant for fresh wounds and old sores. 2. A disinfecting action is insufficient for venereal sores, and corrosion is requisite. 3. In eczema of the head and face, with discharge, salicylic acid is extraordinarily efficacious, presumably because it quickly destroys the contagium. 4. In all cases where fermentative changes occur in the contents of the alimentary canal, salicylic acid acts more efficaciously than other antiseptic substances, since it can be administered in larger doses. 5. Its use is highly promising as a prophylactic in all diseases in which it is believed that the morbid processes are connected with microscopic organisms. In diphtheria, not only is salicylic acid a powerful restorative remedy, but it also appears to shorten the course of the disease.

On the State of the Pupil during Surgical Anesthesia from Chloroform.—In the *Société de Biologie de Paris*, M. Bodin remarked, that in numerous cases of anesthesia from chloroform he had observed a correspondence between the condition of the pupil and the state of insensibility, which might serve as a guide in the administration of the anesthetic. With M. Cogne, he has made experiments on animals, in order to verify the results of his clinical observations. His observations were made—1. During the administration of chloroform. 2. When vomiting supervened. 3. After intra-venous injection of chloral. 1. When chloroform is administered, the pupil, which during the stage of excitement is insensible to the action of light, dilates, then gradually contracts when anesthesia is accomplished; and, when the latter is complete, the pupil is immobile and contracted, not responding to any excitation. 2. During the administration of chloroform, vomiting sometimes takes place; if the subjects are completely anæsthetized, the contracted pupils dilate widely during every effort of vomiting. 3. Following the intra-venous injection of chloral, Bodin and Cogne have ob-

served the same phenomena. The only difference between chloral and chloroform is, that with chloral the pupil is contracted and punctiform, while with chloroform the contraction is less marked.—*Lyon Medicate*, Nov. 8, 1875.

A Supposed Testicle Removed from the Vagina of an Hermaphrodite.—Dr. L. Rodgers reports in the *Cincinnati Lancet and Observer*, September number, the case of an unmarried woman, aged thirty-eight, from whose vagina a tumor was removed, which was afterward found to present all the natural characteristic constituents of a testicle. The individual in question was hermaphroditic, and is described as follows: She is of medium size, weighing one hundred and thirty; her voice is quite husky, resembling that of a man; sallow complexion; face devoid of hair. The mammary glands were absent, while the breast is thickly set with hair. The mons veneris is thickly covered with hair; the labia majora and minora are well developed, and the vaginal orifice is comparatively small, scarcely admitting the introduction of a female catheter. The clitoris is absent, and occupying its position is a fully-developed penis, excepting the absence of the prepuce. The penis, in the flaccid state, would measure about three inches in length, and one in thickness. It is, however, carried downward, there being a web-like membrane extending from the glans to the upper junction of the labia majora, along the under side of the penis. This membrane is about a line in thickness, and arises from the root of the penis like a round cord, and then spreads out like a fan, being attached as above stated. The patient states that when the penis becomes erect, this fan-like membrane draws the penis down, with the glans pointing toward the vaginal orifice. The tumor was attached by a long pedicle to the root of the penis.—*N. Y. Med. Journal*, Nov., 1875.

Tobacco in Relation to Health.—Dr. Richardson, F. R. S., delivered a lecture on this subject before a very large audience at Birmingham, on Wednesday evening, the 15th Sept. The lecture was delivered in connexion with Laws of Health Class of the Midland Institute. After speaking of the introduction of tobacco to Europe, and its enormous consumption at the present time, the lecturer said: "The nature of the luxury forms a subject of discussion on which the extremest views prevail. On one side, tobacco has been

held up as the most harmless of luxuries; and on the other side, it has been denounced as the originator not only of mere functional, but of some worst forms of organic disease." Following out the researches made by himself, he showed the constituents of tobacco smoke, and their results upon the human body, and pointed out the effect exerted by different kinds of tobacco. Speaking of the influence of smoking on the mental faculties, he said, "When mental labor is being commenced, indulgence in the pipe produces in most persons a heavy, dull, condition; but if mental labor be continued for a long time, until exhaustion is felt, then the resort to a pipe gives to some *habitués* a feeling of relief; it soothes, it is said, and gives new impetus to thought. This is the practical experience of almost all smokers, but few men become so habituated to the pipe as to commence well a day of physical or mental work on tobacco." Dr. Richardson carefully discussed the question whether the practice of smoking could be considered, fairly, as a cause of those fatal diseases, consumption, cancer, and apoplexy. The argument, he stated, was conclusive against this extreme view. The same conclusion was arrived at in respect to insanity, epilepsy, St. Vitus's dance, heart disease, and chronic bronchitis. At the same time, immoderate smoking cannot be carried on without danger, sometimes even to life itself.—*London Lancet*, Nov., 1875.

Presence of Micrococcus and Bacteria in the Walls of Hospital Wards.—The analysis of the air, and other experiments made by Pasteur, for the purpose of investigating the doctrine of spontaneous generation, have demonstrated that the germs of inferior organisms, micrococci, bacteria, etc., are everywhere present in the air. In a hospital the air contains a greater number of these elements, and in addition, certain special bodies, such as pus-globules, spores of epiphytic parasitism, which emanate from diseased organisms, and, owing to their volatility after desiccation, are susceptible of hovering in the atmosphere. In 1865, M. Broca discovered pus-globules in the liquid expressed from the sponge with which the walls of one of the wards of the St. Antonio hospital had been washed. In 1860, M. Chalvet was inclined to attribute the blue coloration which is often observed in the vicinity of wounds, to the presence of microscopic algae of the species *Palmella*. In 1861, Dr. Eiselt, of

Prague, placed an instrument analogous to the aëroscope of Pouchet, between two beds, in a ward occupied by thirty-three children with purulent ophthalmia; the apparatus consisted of a glass plate coated with glycerine, and pus globules were distinctly seen. To the above and analogous facts, which are recorded in the dissertations of Dr. Deville, (Strasbourg, 1860) are to be added the recent experiments of Dr. Nepven, of Paris. One square metre of wall in the surgical ward of La Pitié having been washed after neglect for two years, the liquid expressed from the sponge (about thirty grammes) was examined immediately afterward. It was black, and showed micrococcus in large amount, several microfactiae, epithelial cells in small number, several pus-globules, several red globules, and, lastly, irregular, blackish masses, and ovoid bodies of unknown nature. The experiment was conducted with all possible precautions. The above facts furnish an indication concerning the constituent elements of the so-called nosocomial poison. We can comprehend how the air of hospitals may contain the germs of a great number of maladies, and easily become the true centre of infection. In private practice the same conditions may obtain, though in a minor degree, especially in winter, from the prolonged confinement of patients in rooms, with insufficient ventilation. — *Revue Méd. de l'Est., Revue de Therapeut.*, Nov. 23, 1874.

Bibliographical.

PARALYSIS FROM BRAIN DISEASE IN ITS COMMON FORMS. By D. Charlton Bastian, M. A., M. D., F. R. S. New York: Appleton & Co., 1875.

The substance of this work was delivered in the form of lectures in the University College Hospital in 1874, while the author was acting as senior physician. The lectures afterwards appeared in the *Lancet*, and was received with so much favor by the profession, on account of the research displayed, and the clear, practical manner in which the various subjects were handled, that they are now, at the request of many leading men, issued in book form. The limits of a duodecimo volume of three hundred and fifty pages does not admit of a very extended dis-

cussion of the various subjects connected with paralysis by brain disease, yet we find a clear and concise statement, with a large array of facts drawn from personal observation, of the diagnosis, symptomatology, and pathology of the various forms of paralysis produced by brain disease. In Chapter I, the author discusses the causes of hemiplegia, arising from ruptured vessels, occlusion of vessels, and spasms of vessels. This simple division enables him to present the leading facts in reference to the most frequent location of ruptured vessels. Embolism, thrombosis, softening, and the functional and structural effects produced by these conditions, and also those conditions which are produced by what he calls spasms of the vessels, such as epileptic, hysterical and chronic hemiplegia. In the second lecture we have a careful statement of the distribution of encephalic vessels, the nature of symptoms in brain disease, prodromata, apoplectiform, onset of hemiplegia. In this way the reader is carried on step by step through the forms of paralysis brought on by either structural or functional disturbance of the brain, and in each the subject is so clearly and intelligently discussed, as to render the little work of great value to the busy practitioner, as a manual of ready reference. We are glad to see the author does not lose sight of the influence of heredity in brain diseases. This important factor plays a larger part in the development and progress of various diseases from infancy to old age, than is generally supposed. In some cases in which peculiarities of the nervous system are handed down from parent to offspring, we find, as one of the peculiarities, an inherent instability of nervous tissues, which favors the occurrence of hemiplegia through spasms of vessels and functional changes. In other cases, a defective condition of the vascular system is inherited, of such a nature as to favor early degeneration and rupture of cerebral vessels, producing hemorrhage, and, of course, hemiplegia. To the influence of heredity we can, probably, attribute many of the cases of hemiplegia occurring in early childhood; for, although not as frequent in childhood as in middle life and old age, experience shows us they are by no means rare even in that early period. The volume forms a very useful and suggestive little manual upon a very important class of diseases, and is heartily commended to students and the profession generally.

REPORT OF THE COMMISSIONERS OF EDUCATION, 1875.

The very valuable Report of the Commissioners of Education covers nearly one thousand pages, and includes full statistics of every department of education in every state and territory in the United States. The sources of the vast amount of material gathered, and appropriately classified under respective heads, are: 1. All educational information, printed by authority, either in the form of reports, or catalogues, or educational journals. 2. The returns made directly to the office by state or city educational officers, or by the principals of schools, colleges, etc., on the blanks furnished, from which the statistical tables are made. 3. Other communications made directly to the office by teachers and officers of systems or institutions of learning. The report is a mine of statistical wealth in respect to colleges, schools, and libraries, and presents, in a condensed form, the history of all educational systems at home and abroad.

A TEXT-BOOK OF HUMAN PHYSIOLOGY. By Austin Flint, Jr., M. D. D. Appleton & Co., 1876.

This large and elegant volume is a condensation of the author's *Encyclopedia of Physiology*, in five volumes, and contains all of real practical value to the physician found in the larger work. The illustrations are numerous, beautifully executed, and add much to the value of the book. The publishers have, undoubtedly, spared no expense in the preparation of the volume. Dr. Flint has but little claim to originality, but he is an indefatigable worker, and has brought together the general facts of physiology, including the recent discoveries, in a very clear and concise manner. In many respects this book is a great improvement upon the encyclopedia, as the vastness of the subject, and the limits of a single volume give the author but little opportunity for a display of rhetoric, or filling his pages with verbiage.

A MANUAL OF PHARMACODYNAMICS. By Richard Hughes, M.D. New York: Boericke & Taffel.

The third edition of this excellent manual, mostly rewritten, has just been issued by the above house. The work in its previous editions

has already become such a favorite with the profession, that the mere announcement of a new edition is only necessary to insure its rapid sale. The manual is one of the most suggestive little books yet offered to the profession. It is in every sense thoroughly practical, presenting in terse and well-chosen language the leading characteristics of the drugs upon which it treats. The student will find it invaluable, and the physician of wider experience will turn to its pages quite as frequently as to any other work on practice in his library.

ORGANON OF THE ART OF HEALING. By Samuel Hahnemann. New York: Boericke & Taffel, publishers.

The fifth edition of the *Organon* has just been issued by the above firm. To every homeopathic physician the work is of course a necessity. The younger members of the profession will undoubtedly make the *Organon* one of the first contributions to their medical library.

Correspondence.

HOM. HOSPITAL, WARD'S ISLAND,
DEPT. FOR THE INSANE.

To the Editors of the Hom. Times:

Gentlemen,—As the patients under my care are principally those suffering from "Chronic Dementia," it will be impossible for me to give you much more than a report of the workings of the Department.

As soon as the Homeopathic Hospital was established the Insane Wards were inspected. The patients were receiving no treatment (not even hygienic). Ulcers were plenty, the water-closets were in a bad condition, the atmosphere impure, and the vermin abundant.

The work of extermination and purification was soon commenced. The water-closets were repaired, a solution of *ferri sub-sulphatis* was thrown down the traps morning and evening, pans of *calcium hyper-chloride* were placed under the boxes, and dilute *carbolic acid* sprinkled about the floor. It was not long before the wards were free from all obnoxious odors, and have since been kept so.

Attention was next given to the patients. The ulcers were cleansed with pulv. charcoal, then

treated with *zinci oxide* and caustic, until they were healed.

The long artistic hair was soon reduced to pugilistic brevity, faces were shaved to primitive smoothness, and the pedicula capitis now vigorously struggling to find a hiding place, fell an easy prey to the comb and thumb of faithful attendants. *Sulphur* 30 was given to all the patients, and continued for five or six days. They were then questioned with a view to obtain the cause of their trouble. Fragmentary statements were received from a few, but from the majority nothing could be obtained. A remedy was selected in many cases and administered. A few have been much improved, but none have been cured. I will state a case: Philip Bahn would not work, was quite stupid and lazy. He was troubled with chronic conjunctivitis. *Hepar sulph.* 30 was prescribed, and in about two weeks he began to talk, and wished to work. His eyes were much improved. He was given employment, and is now the most useful patient in the ward.

To remove as far as possible the causes of impure air from accidental sources, (the filthy and debilitated,) a hospital ward for the insane sick was established. It is the upper floor of the left wing, and known as ward H. It contains thirteen beds, has water-closet and bath-room attached, and being light and well ventilated, is admirably adapted for the purpose employed.

The causes of insanity in the majority of cases is not known, but judging by the nose, most were caused by alcoholism. A large proportion of the patients masturbate, but whether this be the cause or result of their physical condition, I am at loss in many cases to determine.

Edward Reilly, aged 37, has masturbated three or four times daily since he was ten years of age; says it did him no harm, for he was perfectly healthy. About four years ago he was arrested for picking a lady's pocket, and sent to prison for three years. While at prison he was much depressed on account of the crime he had committed, and the effect it would produce on his aged parents. After 18 months' confinement he cut his arm, was sent to the hospital, and from thence to the insane asylum. He is now a theomanian—memory not all impaired. Was his insanity caused by masturbation or grief; or both?

Four of the patients were never known to masturbate until they became insane. Two of

these are married. Although in some cases masturbation doubtless was the cause of insanity, still I am inclined to think that with many the psychical disturbance preceded the masturbation, and consequently produced, rather than was caused by this evil. There are a few facts in reference to the tongue which I have observed in onanists, which may be of interest to you. The tongue turned to the left side when projected in 18 out of 22 cases. Two of the remaining four inclined toward the right. Both of these were left-handed.

In all of the 20 cases the tongue was red and pointed, and in 17 tremulous.

Next in order, and the apparent cause of insanity, is epilepsy. Five cases have been under our charge, two of which have died, and the remaining three are uninteresting.

The history of one of the deceased epileptics may be of interest to you. Peter Hanson, age 45, has been excessive in sexual indulgence; attempted suicide about a year ago; general intelligence impaired; has not had an epileptic convulsion for 18 months. Patient began to act strangely, appeared to be weak, and would incline to first one side, and then the other. His head would be drawn to the left side, and remain in that position for many hours at a time. This condition preceded the first convulsion about two weeks.

Nov. 15th.—Had convulsions this morning, which lasted about ten minutes, frothing at the mouth, tonic and clonic spasms, livid face, etc., etc.

At 3.30 this afternoon patient had another convulsion of a very peculiar character. He first flexed legs and abdomen; twisted himself by a steady drawing of all the muscles until his head was drawn back and to one side, elbow projecting upward, hands and fingers cramped. He then straightened, and the facial muscles became much distorted, (clonic spasm). The breathing now became stertorous.

Nov. 16-17.—Convulsions of short duration every five hours; wild delirium.

Nov. 18th.—No more convulsions, but occasional twitching of facial muscle; corners of mouth drawn down; difficult deglutition; left pupil much dilated; cannot raise left leg, and but just move left arm. *R. nuz vomica* 30

Nov. 19th.—Stupid; sleeps most of the time; (breathing still stertorous;) complete hemiplegia. Pulse 100.

Nov. 20th.—Great heat of the paralyzed side, which is much swollen, and slightly inflamed. Pulse 125 full. *R. aconite* ³⁰.

Nov. 21-23.—Patient declining, no appetite; involuntary stool, (bowels previous to this were constipated.) Profuse secretion of fine dark-colored urine. On the morning of the 22d he was able to move left extremities.

Nov. 23-26.—Can now use left side as well as the right; breathing natural but humid; respiration 30. Pulse 135.

The left arm became erysipelatous, and finally on the 26th phagedenic; patient died the following day from exhaustion.

Yours respectfully,

JOEL D. MADDEN.

Medical Items and News.

THE ANTISEPTIC TREATMENT AT MUNICH.—From the Continent we are continually hearing of the employment of the antiseptic treatment. In some quarters, indeed, it does not appear to contrast favorably with rival methods, but from many others the reports are more favorable than those which we are accustomed to hear at home. We have recorded on another page the results obtained by Thiersch at Leipzig, and we take the following short but remarkable paragraph from the *Centralblatt für Chirurgie*, April 24. It is headed "Lister's Great Discovery," and is placed amongst several interesting accounts of other forms of dressing, including one from Ollier on cotton-wool, and one on the plan of continuous irrigation with alcohol. "In a clinical report (*Aerztl. Intelligenzblatt*, 1875, No. 5), Von Nussbaum describes Lister's method of treatment, and praises the good results it has achieved since its introduction into the surgical wards at Munich, especially in the way of protection from pyæmia and hospital gangrene. Whilst, during the last three years, hospital gangrene has affected the patients admitted with wounds, or the subjects of operation, in the increasing proportion of 20, 50, and 80 per cent., there is not at present a single case of hospital gangrene or pyæmia in the department. On the strength of these facts he also rejects one accusation that is brought against the treatment—*i.e.*, that its employment entails a greater expense,—for the duration of each case is materially shortened by the prevention of those

complications to which wounds are otherwise liable." How is it that continental surgeons arrive at better results in this particular matter than those in this country? Perhaps they bring to bear greater method and patience in carrying out those details without which Mr. Lister has shown that his treatment must fail according to theory, as it certainly does in practice.

To whom it may concern.

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We are, very respectfully,

THE EDITORS.

Office, 18 West 23d St.

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